

**NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
Division of Air Resources**

**STAGE II VAPOR RECOVERY DECOMMISSIONING CHECKLIST**

**A. Facility Information**

Facility Name: \_\_\_\_\_

Underground Storage Tank Program Identification #: \_\_\_\_\_

Facility Address (Street and City): \_\_\_\_\_

Owner: \_\_\_\_\_ Phone : \_\_\_\_\_

**B. Contractor Information**

Contractor performing Stage II decommissioning: \_\_\_\_\_

Business Address : \_\_\_\_\_ Phone : \_\_\_\_\_

City, State : \_\_\_\_\_ ZIP : \_\_\_\_\_

**C. Decommissioning Actions**

(a) Vapor recovery piping:

- Piping removed [if "yes" go on to (b)]?: Yes    No
- Piping purged of any liquid?: Yes    No
- Piping capped at dispenser end?: Yes    No
- Piping capped at tank end?: Yes    No

(b) Liquid drop-out tank:

- Liquid drop-out tank present [if "no" go on to (c)]?: Yes    No
- Liquid drop-out tank removed [if "yes" go on to (c)]?: Yes    No
- Liquid in tank evacuated?: Yes    No    NA
- Siphon line disconnected at submersible pump and capped?: Yes    No    Siphon not present

(c) Hanging hardware:

- Stage II hanging hardware replaced with non-Stage II equipment?: Yes    No .

*(d) Vacuum pump:*

- *Vacuum motor disabled or removed?:* Yes    No    NA

*(di) Stage II Dispensing Instructions:*

- *Decals with Stage II dispensing instructions removed?:* Yes    No    NA

*(dii) Leak test:*

- *Leak test performed?* Yes    No
- *Test report attached?* Yes    No

***D. Comments (use this section if you need to provide additional information)***

***E. Certification of Information Accuracy***

*The information presented herein is true and accurate to the best of my knowledge and I am authorized to make this statement on behalf of this facility.*

\_\_\_\_\_  
*Signature of Owner    , Operator    or Authorized Agent* *Date*

*Name :* \_\_\_\_\_ *Title :* \_\_\_\_\_

*Business Address :* \_\_\_\_\_ *Phone :* \_\_\_\_\_

*City, State :* \_\_\_\_\_ *ZIP :* \_\_\_\_\_